Washington State Department of Health

Cholera

County

Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-5344

LHJ Use   ID _____
☐ **Reported to DOH   Date** ___/___/___
LHJ Classification   ☐ Confirmed
                          ☐ Probable
     By: ☐ Lab ☐ Clinical
          ☐ Other: _____
Outbreak # (LHJ) _____ **(DOH)** _____

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency   ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other   Name: _____
                                                   Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ___/___/___   Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino
          ☐ Not Hispanic or Latino

Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White   ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___   ☐ Derived   Diagnosis date: ___/___/___   Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Diarrhea** Maximum # stools in 24 hours: ____
☐	☐	☐	☐	Bloody diarrhea
☐	☐	☐	☐	Watery diarrhea
☐	☐	☐	☐	Abdominal cramps or pain
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	**Vomiting**
☐	☐	☐	☐	**Fever** Highest measured temp (^{o}F): _____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Y	N	DK	NA	
☐	☐	☐	☐	Headache
☐	☐	☐	☐	Muscle aches or pain (myalgia)
☐	☐	☐	☐	Rash

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	Antibiotic use in 30 days prior to onset
☐	☐	☐	☐	Antacid use regularly
☐	☐	☐	☐	H2 blocker or ulcer medication (e.g. Tagamet, Zantac, Omeprazole)
☐	☐	☐	☐	Immunosuppressive therapy or disease
☐	☐	☐	☐	Systemic corticosteroids in last 30 days
☐	☐	☐	☐	Chemotherapy 30 days prior to onset
☐	☐	☐	☐	Cancer, solid tumors, or hematologic malignancies
☐	☐	☐	☐	Radiotherapy in last 30 days
☐	☐	☐	☐	Insulin-dependent diabetes
☐	☐	☐	☐	Chronic diabetes
☐	☐	☐	☐	Gastric surgery or gastrectomy in past
☐	☐	☐	☐	Chronic heart disease
☐	☐	☐	☐	Preexisting heart failure
☐	☐	☐	☐	Chronic kidney disease
☐	☐	☐	☐	Chronic liver disease
☐	☐	☐	☐	Peptic ulcer
☐	☐	☐	☐	Alcoholism

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	Hematologic disease
☐	☐	☐	☐	Shock
☐	☐	☐	☐	Other clinical findings consistent with illness

Specify: _____

Y	N	DK	NA	
☐	☐	☐	☐	Admitted to intensive care unit

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___   Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy

Vaccination History

Y	N	DK	NA	
☐	☐	☐	☐	Cholera vaccine in past

Cholera vaccine type _____
Date of last cholera vaccine (mm/yyyy) ___/_____

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	**Toxigenic cholera isolation (stool, vomitus)**
☐	☐	☐	☐	**Serologic evidence of recent toxigenic cholera infection**

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

Case Name: _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Days from onset:

Exposure period

-5	-0

o n s e t

Calendar dates:

EXPOSURE* (Refer to dates above)

Y N DK NA
- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
  - Out of: ☐ County ☐ State ☐ Country
  - Destinations: _____
  - Date left: _____
  - Date returned: _____
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Shellfish or seafood
  - County or location shellfish collected: _____
  - _____
  - Undercooked, or raw: ☐Y ☐N ☐DK ☐NA
- ☐ ☐ ☐ ☐ Handled raw seafood

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Y N DK NA
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
- Restaurant name/location: _____
- _____
- _____

Y N DK NA
- ☐ ☐ ☐ ☐ Source of home drinking water known
  - ☐ Individual well   ☐ Shared well
  - ☐ Public water system   ☐ Bottled water
  - ☐ Other: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- ☐ ☐ ☐ ☐ Sewage or human excreta
- ☐ ☐ ☐ ☐ Contact with recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor)
  - Specify country: _____

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Note: Section IV (*only*) of the CDC surveillance report form is also required *for each seafood type ingested* during the exposure period. The CDC surveillance report form can be found at:
http://www.doh.wa.gov/ehp/sf/vibqx.pdf

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA
- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness   Antibiotic name: _____
  - Date antibiotic treatment began: ___/___/___   # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA
- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Prophylaxis of appropriate contacts recommended
  - Number recommended prophylaxis: ____
  - Number receiving prophylaxis: ____
  - Number completing prophylaxis: ____
- ☐ Exclude case from sensitive occupations (HCW, food, child care) or situations
- ☐ Test symptomatic contacts
- ☐ Notify others sharing exposure
- ☐ Other, specify: _____

NOTES

Investigator _____   **Phone/email:** _____

Investigation complete date ___/___/___

Local health jurisdiction _____

Cholera: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered